

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>Please Read Instructions:</i>					
1. NAME <b>Attorney Chad L. Taylor</b>		2. PHONE NUMBER <b>(304) 933-8181</b>		3. DATE <b>10/20/2014</b>	
4. MAILING ADDRESS <b>Simmrman Law Office; 254 E. Main Street</b>		5. CITY <b>Clarksburg</b>		6. STATE <b>WV</b>	7. ZIP CODE <b>26301</b>
8. CASE NUMBER <b>1:14CV99</b>	9. JUDGE <b>Irene M. Keeley</b>	DATES OF PROCEEDINGS			
		10. FROM <b>10/2/2014</b>		11. TO <b>10/2/2014</b>	
12. CASE NAME <b>Gilead Sciences, et al v Mylan, Inc, et al</b>		LOCATION OF PROCEEDINGS			
		13. CITY <b>Clarksburg</b>		14. STATE <b>WV</b>	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				<b>Scheduling Conf Hearing</b>	
<input type="checkbox"/> BAIL HEARING				<b>October 2, 2014</b>	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	<b>30.60</b>
18. SIGNATURE <b>/s/ Chad L. Taylor</b>			PROCESSED BY		
19. DATE <b>10/20/2014</b>			PHONE NUMBER <b>(304) 282-0395</b>		
TRANSCRIPT TO BE PREPARED BY  <b>Linda Bachman P.O. Box 969, Clarksburg, WV 26302</b>			COURT ADDRESS		
ORDER RECEIVED	DATE <b>10/20/2014</b>	BY <b>LB</b>			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED	<b>10/20/2014</b>		TOTAL CHARGES	<b>30.60</b>	
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT	<b>10/29/2014</b>		TOTAL DUE	<b>30.60</b>	

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